

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90462 025 ***150.00

DOCUMENT # P04000158728

1. Entity Name

RIVERSIDE TRIBUTARY, INC.



Principal Place of Business

6355 METROWEST BLVD.
SUITE 330
ORLANDO FL 32835

Mailing Address

6355 METROWEST BLVD.
SUITE 330
ORLANDO FL 32835



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

20-1971310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSSMAN, NANCY A
6355 METROWEST BLVD.
SUITE 330
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROSSMAN, NANCY A | |
| STREET ADDRESS | 6355 METROWEST BLVD. SUITE 330 | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROSSMAN, RUTH J | |
| STREET ADDRESS | 6355 METROWEST BLVD. SUITE 330 | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COLE, WILLIAM W | |
| STREET ADDRESS | 706 TURNBULL AVENUE, SUITE 102 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GOLDBERG, ALLAN N | |
| STREET ADDRESS | 706 TURNBULL AVENUE, SUITE 102 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy A. Rossman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy A. Rossman, Dir

4-19-05

Date

407-523-2223

Daytime Phone